## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567873 APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		LAIMS	AS FILED		AFTER 1*AMENDMENT		AFTER 2 <sup>md</sup> AMENDMENT	
<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	21120	221	11121	DEX.	II (D)	DEI.
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3							53						
5							54				1		<u> </u>
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7		<del>-   -</del>	<b>-</b>				57				<u></u>		
8	<b></b>						58				-		
9							59						
10							60						
11							61						
12							62						
13			·				63						
14		-	<b>.</b>				64						
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46			<del></del>				95						
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48							98			<del></del>		<del> </del>	
49							99						
50							100						
TOTAL IND.		♣	2	♣		♣	TOTAL IND.		+		1		1
TOTAL DEP.		<u>←</u>	33	<b>+</b>		<b>+</b>	TOTAL DEP.		<b>4</b>		<b>4</b>		<b>4</b>
TOTAL CLAIMS		i.	35	*		ψĽ.	TOTAL CLAIMS				W/2-1		
PTO - 1360	(REV. 11/04	)							U.S. DEPART		OMMERCE		
						<u>-</u>					<del>_</del>		